

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040248

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

LED NOV 1 1962

318

SL-28382

1003

10297

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST LOUIS

c. CITY
OR
TOWN UNIVERSITY CITYInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET ADM HOSPITALInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
7038 BALSON AVEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DAVID

GOLDBERG

4. DATE
OF
DEATH

Month

Day

Year

OCTOBER

27

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-5-96

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

Electric App.

11. BIRTHPLACE (City and state or country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

DAVID GOLDBERG

13b. MOTHER'S MAIDEN NAME

PEARL (UNKNOWN)

14. NAME OF HUSBAND OR WIFE

ESTER GOLDBERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

YES

WW

17. INFORMANT

ESTER GOLDBERG UNIVERSITY CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH

CORONARY ARTERIOSCLEROSIS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

CHRONIC GLOMERULONEPHRITES, ARTERIAL HYPERTENSION

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-16-62 to 10/27/62 and last saw him alive on 10-27-62

Death occurred at 8:15 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Albert P. Kovac

22b. ADDRESS

M.D

22c. DATE SIGNED

10/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10/28/62

23c. NAME OF CEMETERY OR CREMATORY

Beth Hamedrosh Hagodol St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Herman Rindskopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.

10-28-1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR

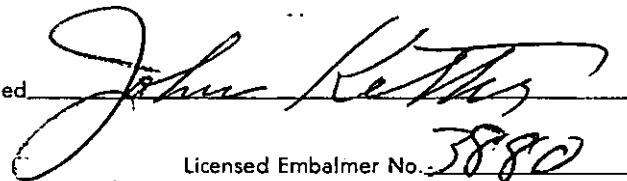
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.